

# APPLICATION FOR WATER / SEWER / IRRIGATION / HYDRANT METER SERVICE (CIRCLE SERVICES REQUESTED)

Department of Public Works 11575 Maxwell Road Alpharetta, Georgia 30009 Telephone: 404-612-3421

	BILLIN	IG NAME AND ADD	DRESS		
LAST NAME	FI	RST NAME		MIDDLE INITIA	L
ADDRESS					
ADDRESS					
CITY		STATE		ZIP CODE	<u> </u>
TELEPHONE NUMBER		ALTERNATE TELI	EPHONE NUMBER		
E-MAIL ADDRESS					
PROPERTY INFORMATION	ON – SERVICE AD				
STREET NUMBER	STREET N	SERVICE ADD AME	KESS	CITY / ZIP COD	DE
SUBDIVISION NAME		BLOCK I	LOT NUMBER	CUSTO	MER TYPE
REQUESTED METER SIZE (	(IF APPLICABLE)	SERVICE TYPE (SEL	ECT ALL THAT AF	PPLY)	
	,	DOMESTIC	FIRE*	HYDRANT	IRRIGATION
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#### FIRE HYDRANT READING SCHEDULE



Department of Public Works 11575 Maxwell Road Alpharetta, Georgia 30009 Telephone: 404-612-3421 www.fultoncountyga.gov

All readings must be called in between the 1<sup>st</sup> and 15<sup>th</sup> of the assigned reading dates as stated below. If readings are not reported as stated or the meter is not returned by the due date, the permit becomes invalid a charge of \$1000.00 bi-monthly will be assessed for estimated water usage and the deposit forfeited. All readings must be reported by telephone. To report your readings please call the hydrant voice messaging system at 404-612-0619 or email a picture of your meter and reading to fin.meterinstalls@fultoncountyga.gov.

### **Reading Dates**

01/01 - 01/15 07	7/01 – (	07/15
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05/01 - 05/15 11/01 - 11/15

### <u>Examples of information you need to give when you call in your meter reading are as</u> follows:

Meter #: 70000123

Account #: 00012345-678910
Name of Company: County Construction

Date of reading: 01/15/99
Reading: 00023400
Contact name: Jane Doe
Contact #: 770-123-4567

Please make a record of the date in which your reading was taken, the reading and date in which you reported it to the billing division.

Date Read Meter Reading Date Reported

## TERMS AND CONDITIONS FOR USE OF WATER FROM HYDRANTS



**Contact Person** 

Name:

Department of Public Works 11575 Maxwell Road Alpharetta, Georgia 30009 Telephone: 404-612-3421 www.fultoncountyga.gov

DATE:		THIS PERMIT EXPIRES:			
SIGNATURE:					
PRINTED NAME:		DRIVER'S L	DRIVER'S LICENSE:		
E-MAIL ADDRES	SS:				
COMPANY:		JOB #:			
MAILING ADDR	ESS:				
PHONE:					
DEPOSIT AMOUNT: \$		DEPOSIT TYPE:			
Fulton County Employee Name:		Wrench/Tag Received (Customer's Name):			
METER NUMBER :		METER MAKE:			
DATE ISSUED :		METER READING:			
RETURN INFORM	MATION FOR RENEWAL:				
DATE	METER READING	RETURNED	RENEWED	<b>EXPIRES</b>	

Phone:

Email:

### **CREDIT CARD AUTHORIZATION**



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Fulton County requires the following information as authorization to charge permit fees. Please review and complete the following information in its entirety.

Fire Hydrant Permit #:		Mete	r #:			
PROJECT NAME:						
Name of Card Holder:						
Billing Address:						
Telephone Number:						
Email Address:						
		□MasterCard				
Credit Card Number:			Expiration Date:			
CBV Number (Visa or MasterCard) 3-digit code on back of card:						
Amount of Approved Authorization:						
Authorizer's Signature:						
Date:						
Company Name:						
Email Address:						